I understand the impact of both 911 and the EMS services during the Pandemic. I am a Paramedic/PA Emergency Workforce Coordinator and Manage the PA Medical Reserve Corps. I would like to suggest that a formal relationship through ASPR and the states be established. Our MRC Units have worked at the 911 call centers; performed testing and immunization; and have worked in the local ER's. Currently the MRC has a formal relationship with Red Cross and ASPR.

Kathleen Hart

What is the reasoning for an EMT not to be given the skill of supraglottic airway device for unresponsive patients with no gag reflex?
In states that allow it, it works very well. Other states follow national standards, and with NHTSA holding off (making it a scope standard) so are the states. Metro areas have paramedics and do ok, but the rural areas often have only EMTs. I feel they are hampered by being not being able to manage patients that don't have patent, protected airways.

Brent Rouse
Operations Chief - EMS
North Arkansas Regional Medical Center
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Response:

"The use of supraglottic airways (SGA) and waveform capnography at the EMT level was extensively debated. Several public commenters expressed a lack of support on draft language that proposed to add them to the interpretive guidelines for EMTs during the national engagement period. The Expert Panel was evenly divided on the topic. Several "pros" and "cons" for adding SGA and waveform capnography for EMTs at the national level were considered. It was noted that several jurisdictions are already using SGA as a more definitive airway than the BVM although some panelists added that the BVM is not taught well or used effectively in many cases. Major "cons" point to a critical patient safety concern if an SGA is not placed properly or is not verified using waveform capnography. Many felt the education for SGA and waveform capnography would add significant time and increase expense to the EMT program, a consideration that was worrisome and expressed by the public and members of the Expert Panel. Others suggested that BVM ventilation may not be done well, but a misplaced advanced airway could lead to no ventilation and patient detriment or demise. Finally, a limited review of the literature highlights the fact there is a general lack of evidence that SGA improves outcomes in cardiac arrest or other etiologies over BVM ventilation. The Expert Panel concluded that while SGA and waveform capnography could successfully be taught and measured at the EMT level, it is an intervention that should be reserved for an experienced practitioner and therefore, is not a prudent addition as an entry-level skill to the Practice Model for an EMT now. Some States currently allow licensed EMTs to use SGA and/or waveform capnography although this activity is dependent on strict

oversight by a physician medical director and is not permitted in all jurisdictions." (National EMS Scope…2019; Page 49.)

"This Practice Model should be used by the States to develop scope of practice legislation, rules, and regulation. The specific mechanism that each State uses to define the State's scope of practice for EMS personnel varies. State scopes of practice may be more specific than those included in this model and may specifically identify both the minimum and maximum skills and roles of each level of EMS licensure." (National EMS Scope….2019; Page 14.)

can the data be broken down by federal responders?

NEMSIS data cannot be broken down by Federal Responders unless they submit their data through a State. The National EMS Information System (NEMSIS) was designed to allow submission from States, Territories and Tribal Nations, but not Federal Agencies.